



UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

**RECEIVED**  
MAY 22 2008  
MAY 22 2008

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

J.B. ANDERSON

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

Case No: \_\_\_\_\_

CERMAK HEALTH SERVICES

(To be supplied by the Clerk of this Court)

PROGRAM SERVICES

08CV2986  
JUDGE HART  
MAG. JUDGE DENLOW

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

**CHECK ONE ONLY:**

- ☒            COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)
- COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)
- OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: JB. ANDERSON
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: 20070090044
- D. Place of present confinement: C.C.D.D.C
- E. Address: 2600 S CALTECH BLVD APT 1010 IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: CEENAK HEALTH SERVICES  
 Title: DENTIST  
 Place of Employment: C.C.D.D.C CHS
- B. Defendant: CEENAK HEALTH SERVICES  
 Title: ADMINISTRATOR  
 Place of Employment: C.C.D.D.C CHS
- C. Defendant: PROGRAM SERVICES  
 Title: ADMINISTRATOR  
 Place of Employment: C.C.D.D.C

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: \_\_\_\_\_
- B. Approximate date of filing lawsuit: \_\_\_\_\_
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_  
\_\_\_\_\_ D \_\_\_\_\_  
\_\_\_\_\_
- D. List all defendants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): \_\_\_\_\_
- F. Name of judge to whom case was assigned: N \_\_\_\_\_
- G. Basic claim made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): \_\_\_\_\_  
\_\_\_\_\_ A \_\_\_\_\_  
\_\_\_\_\_
- I. Approximate date of disposition: \_\_\_\_\_

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

**IV. Statement of Claim:**

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I REQUESTED TO SEE A DENTIST  
BUT I NEVER GOT A ANSWER. AFTER  
REQUESTING SEVERAL OTHER TIMES AND  
NOT GETTING A ANSWER. I FILED A  
DETAINEE GRIEVANCE. I RECEIVED A COPY OF  
THE GRIEVANCE BACK STATING THAT I  
HAD SEEN THE DENTIST ON MARCH 27TH,  
CONSIDERING I KNOW THAT I HAVEN'T SEEN  
A DENTIST I FILED ANOTHER DETAINEE  
GRIEVANCE. ON APRIL 18TH MY SOCIAL WORKER  
STATED TO ME THAT SHE WAS TOLD NOT TO  
PROCESS THE SECOND GRIEVANCE AS A GRIEVANCE  
BUT AS A REQUEST AND TO SEND ME TO THE  
DISPENSARY FOR PAIN PILLS, WHICH I NEVER  
RECEIVED. THE DENTIST HAD TO REPORT TO THE  
C.H.S. ADMIN AND LOG THAT I HAD BEEN  
SEEN, ON MARCH 27TH THE ADMINISTRATOR  
APPROVED THESE ACTIONS WERE NO PROOF OF

A APPOINTMENT WITH THE DENTIST,  
WHICH LEADS THE PROGRAM SERVICES ADMIN  
T. MILLER TO RESPOND IN A UNPROFESSIONAL  
MANNER ALSO. THE BEGIN THE NEED OF  
A DENTIST FOR MONTHS NOW, IN BEING  
DEPRIVED DENTAL ATTENTION.

**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I WOULD LIKE TO BE COMPENSATED FOR  
PAIN AND SUFFERING

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 05 day of 05, 2008

J.B. Anderson  
(Signature of plaintiff or plaintiffs)

J.B. ANDERSON  
(Print name)

2177777744  
(I.D. Number)

2600 SO CALIFORNIA  
CHICAGO IL 60608  
(Address)